



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Lisa Wheeler, D.C.

Respondent Name

Texas Council Risk Management Fund

MFDR Tracking Number

M4-23-0254-01

Carrier's Austin Representative

Box Number 43

DWC Date Received

September 29, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 13, 2022	Designated Doctor Examination 99456-W5-WP; 99456-W8-RE	\$1,150.00	\$0.00

Requestor's Position

As of today, we have not received an Explanation of Benefits from the carrier.

Amount in Dispute: \$1,150.00

Respondent's Position

The Austin carrier representative for Texas Council Risk Management Fund is JI Specialty Services, Inc. The representative was notified of this medical fee dispute on October 4, 2022.

Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information.

As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code §133.20 sets out the procedures for submission of a medical bill.
2. 28 TAC §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

Neither party submitted an explanation of benefits with reasons for the denial of payment for the disputed services.

Issues

1. Is Lisa Wheeler, D.C. entitled to reimbursement for the services in question?

Findings

1. Dr. Wheeler is seeking reimbursement for a designated doctor examination performed on April 13, 2022.

With few exceptions, 28 TAC §133.20 (b) requires submission of medical bills not later than 95 days from the date of service. TLC §408.0272 (b) provided the exceptions to this requirement, which include:

- The health care provider filed the bill by mistake to
 - an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured
 - a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
 - a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

TLC §408.0272 (d) also states that the period for submitting a claim for payment may be extended by agreement of the parties.

The documentation received by DWC was not sufficient to support that Dr. Wheeler submitted the initial medical bill to the insurance carrier. No reimbursement is recommended.

Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 9, 2022
Date

Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at www.tdi.texas.gov/forms/form20numeric.html. DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email CompConnection@tdi.texas.gov.

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico CompConnection@tdi.texas.gov.